

# Dry Cleaner Environmental Response Program Reimbursement Cost Summary

Form 4400-213 (R 9/03)

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**Notice:** Use of this form is required to request payment under the Dry Cleaner Response Program. This form is authorized by ss. 292.65 Wis. Stats., and ch. NR 169, Wis. Adm. Code. There are no penalties for failing to complete this form, but persons who do not complete and submit this form will not be eligible for reimbursement under this program. Personal information is not intended to be used for any other purpose other than that for which it was originally being collected. Information will be made available to requesters under Wisconsin's Open Records laws (s. 19.32-19.39, Wis. Stats.) and requirements.

**Instructions:** See reverse side. **Copy this form as necessary.**

## Applicant Information

Applicant Name	Business Name
Dry Cleaning Facility Name	Location

## Immediate Response Actions, Site Investigations, and Remedial Response Actions

Cost Category	Costs This Claim	Audit Summary (For Department Use)		
		Ineligible Costs	Eligible Costs This Claim	Penalties (Ineligible X 50%)
A. Soil Investigation				
B. Soil Remediation				
C. Groundwater Investigation				
D. Groundwater Remediation				
E. Air/Vapor Investigation				
F. Air/Vapor Remediation				
G. Laboratory and Other Analysis				
H. Miscellaneous Costs				
Totals				
		Minus Deductible		
		Base Reimbursement		
		Minus Penalties		
		Maximum Estimated Cost		
		Total Approved Reimbursement		

## Certification

I certify that to the best of my knowledge and belief the billed costs of expenditures are based on actual payments of record and are in accordance with the eligible cost provisions and reimbursement under Chapter NR 169, Wis. Adm. Code. I agree that if I receive future payment from another program or an insurance claim for response actions associated with this discharge that I will repay the Department.

Applicant Signature	Date Signed
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## Department Use Only

Bureau of CF Initials	Bureau of FN Initials	Date Audited	Audited Payment Amount
Project Number	Funding Code		

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## Instructions

This form is required for all reimbursement applications filed for the Dry Cleaner Environmental Response Program. Once you have itemized your costs on the cost detail worksheets, summarize your costs on this form.

1. Fill in the applicant name, business name, dry cleaner facility name and location.
2. Transfer the subtotals from your cost detail worksheets to the appropriate summary section and cost category line on the form.  
Important: The form contains two summary sections - a section for immediate response actions, site investigations, and remedial response actions and a section for interim actions. You must separate out and summarize costs for interim actions in the summary section for interim action costs. This is necessary because interim actions are reimbursed based on a 50% co-pay versus a deductible.
3. Total each of the sections in the box provided.
4. Sign and date the form in the certification section located at the bottom.
5. Submit your cost summary sheet(s), cost detail worksheets, copies of invoices and canceled checks (copy both sides), copies of the signed bid that was accepted, with any updates and the Dry Cleaner Environmental Response Program Application, Form 4400-211 to your DNR region Remediation and Redevelopment project manager.

**FOR ADDITIONAL INFORMATION:** See the Application Form instructions and publications RR #631, The Dry Cleaner Environmental Response Program and RR #641, Getting Your Money Back. Contact your DNR regional Remediation and Redevelopment project manager, if you have any questions about organizing and reporting your expenditure documentation for your application.